چ 2006 کی				U.S. P	atent and Trade	proved for use throug emark Office; U.S. DE	h 7/31/2006. (OF COMMERC	
Under the Paperwork Reduction Act of 1995, no person are required to				respond to a collection of information unless it displays a valid OMB control number Complete if Known					
pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				1 101000 000			<u> </u>		
FEE TRANSMITTAL For FY 2006						September 29, 2003			
						Akira ISHIKAWA			
				T HOT TRAINED HITCHIO.		S. Resan			
					arrie		1773		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit			249212013504		
	NT OF PAYMENT	(\$) 1,810.0	0	Attorney Doo	cket No.	24921201330	-		
	PAYMENT (check		$\overline{}$						
Check Credit Card Money Order No				"					
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
	_ATION (All the fe		ie upor	filing or n	nav be sub	iect to a surch	arge.)		
	G, SEARCH, AND EX			i iiiiig Oi ii	lay be out	jour to a baron	<u>go.,</u>		
				ARCH FEES EXAMIN		INATION FEES	ATION FEES		
Small Entity		- · · · ·		Small Entity Small Entity		F F	n_!_/ (ê)		
Application T			Fee (\$)				Fees Paid (\$)		
Utility	300	150	500	250	200	100	0.00		
Design	200	100	100	50	130	65	0.00		
Plant	200	100	300	150	160	80	0.00		
Reissue	300	150	500	250	600 0	300	0.00		
Provisional 200 100 0 0						0		.00	
2. EXCESS CLAIM FEES								Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues)							<u>Fee (\$)</u> 50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims						360	180		
				Paid (\$) Multiple Dependent Claims					
				.00 Fee (\$)			Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.				360.00			0.00		
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							_		
1 -3 = 0 × 200.00 = 0.00									
HP = highest num	ber of independent claims	paid for, if greater tha	n 3.						
3. APPLICATIO						a			
	tion and drawings ex							n	
	ler 37 CFR 1.52(e)), taction thereof. See 3					enuty) for each a	uditional 30	J	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 =/50				(round up to a	· ·				
4. OTHER FEE(S)				,			Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 1253 Extension for response within third month 1,020.00									
SUBMITTED BY									
Signature				Registration No (Attorney/Agent)				3-5720	
Name (Print/Type)	Christopher B. Eig			Date	April 25,	, 2006			

Client Ref. No.: Q00-1132-US5